

BERYLLIUM HEALTH SURVEILLANCE PROGRAM

OCCUPATIONAL EXPOSURE HISTORY QUESTIONNAIRE

Please select the best answer for each question. Please use a pen to fill out the questionnaire. Write your answers clearly. If participating in the LLNL study all identifying information will be removed.

Name: _____ Today's Date: _____

Job Title: _____ Telephone Extension: _____

LLNL Employee #: _____ L-Code: _____ Date of Birth: _____
month/day/year

Home Address: _____ Sex: Male ☐ Female ☐

Race-Ethnic Group: White ☐ Black ☐ American Indian ☐ Hispanic ☐ Asian ☐ Other ☐

These questions apply to your occupational (job) history. Please answer each question as best you can.
NOTE: The word "beryllium" means beryllium metal, beryllium containing alloy, beryllium ceramic or any beryllium compound, unless a specific form is being discussed in a question.

1) Please list the time period (month & year) that you started work at LLNL:

Began: month _____ year _____

2) Please list the job(s) you held, the approximate dates that you worked in this capacity, and the building(s) you worked in for each of these jobs while employed at LLNL. Start with most recent and please use another piece of paper if necessary.

Functional Job Title	Date	Bldg/Room	Supervisor	Beryllium Exposure?	
				Yes	No
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

3) While at LLNL did you ever work with beryllium? Yes ☐ No ☐

4) If you answered yes to the beryllium exposure question, please describe in detail in what way(s) you feel you may have been exposed to beryllium? _____

5) Other than at LLNL did you ever worked with beryllium? Yes ☐ No ☐

If yes, where (name and location of company)? _____

6) Did you ever work: (General Pulmonary Background Questions, please check the correct answer and fill in years job started and ended)

In a mine? Yes ☐ No ☐ year started _____ year ended _____

In a quarry? Yes ☐ No ☐ year started _____ year ended _____

In a foundry? Yes ☐ No ☐ year started _____ year ended _____

6) (continued from prior page)

In a pottery? Yes ☐ No ☐ year started _____ year ended _____

With asbestos? Yes ☐ No ☐ year started _____ year ended _____

In a cotton, flax or hemp mill? Yes ☐ No ☐ year started _____ year ended _____

7) Did you machine, polish, grind, or otherwise cut beryllium? Yes ☐ No ☐

If yes, how many months total? _____ What year(s)? _____

Did you do this work outside of a glovebox or other enclosure? Yes ☐ No ☐

8) Did you work with powdered beryllium? Yes ☐ No ☐

If yes, how many months total? _____ What year(s)? _____

Did you do this work outside of a glovebox or other enclosure? Yes ☐ No ☐

9) Did you work with hot beryllium metal (heat treating, welding, etc.)? Yes ☐ No ☐

If yes, how many months total? _____ What year(s)? _____

Did you do this work outside of a glovebox or other enclosure? Yes ☐ No ☐

10) Did you work in or near a foundry when beryllium was used? Yes ☐ No ☐

If yes, how many months total? _____ What year(s)? _____

11) Were you involved in decontamination of beryllium-contaminated equipment or facilities?

Yes ☐ No ☐

If yes, how many months total? _____ What year(s)? _____

12) Were you involved with work or on maintenance of beryllium plenums and/or ventilation ducts?

Yes ☐ No ☐

If yes, how many months total? _____ What year(s)? _____

13) Have you performed any of the following jobs in a building where beryllium is used (or on potentially beryllium contaminated equipment or supplies such as laundry)?

	Yes	How many months total?	What year(s)?
Administrative Support	<input type="checkbox"/>	_____	_____
Custodian	<input type="checkbox"/>	_____	_____
Electrician	<input type="checkbox"/>	_____	_____
Inspector	<input type="checkbox"/>	_____	_____
Laundry	<input type="checkbox"/>	_____	_____
Plumber	<input type="checkbox"/>	_____	_____
Security Guard	<input type="checkbox"/>	_____	_____
Site 300 Shot Tables	<input type="checkbox"/>	_____	_____
Other: _____	<input type="checkbox"/>	_____	_____

14) Have you been in any significant beryllium exposure incidents/accidents? Yes ☐ No ☐

If yes, please describe: _____

